

Pretim Singh

Beechwood Residential Home

Inspection report

17 Ismailia Road
Forest Gate
London
E7 9PH

Tel: 02084722771

Date of inspection visit:
22 June 2018

Date of publication:
26 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 22 June 2018. The service was last inspected in July 2017 when we found breaches of two regulations relating to fit and proper persons employed and good governance. The service had taken action to address the issues regarding staff employed, but had failed to address our concerns around governance. We had also made two recommendations, about end of life care and supporting people with their healthcare needs. The service had not followed our recommendations.

When we completed our previous inspection in July 2017 we made a recommendation about supporting people to plan for the end of their lives. At this time this topic area was included under the key question of Caring. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is now included under the key question of Responsive.

Beechwood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beechwood Residential Home is a terraced house where adaptations have been made to give one bedroom en-suite bathroom facilities. Beechwood Residential Home can accommodate up to five people, at the time of our inspection four people were living in the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found medicines information, care plans and risk assessments had not been kept up to date and were missing important information about how to support people in a safe way. The registered manager updated the records during the inspection to ensure information was available to all staff involved in providing support to people.

Staff had information about how to prevent and control the risk of infection, and had access to personal protective equipment to support them to mitigate the risks. However, bathrooms had not been appropriately maintained to fully mitigate the risks. The provider had not identified the style of window restrictor in use could be over-ridden.

There were enough staff working in the service to meet people's needs and they had been recruited in a way

that ensured they were suitable to work in a care setting. Staff received the training and support they needed to perform their roles.

People were supported in line with the principles of the Mental Capacity Act 2005. The provider had submitted requests for appropriate authorisation to deprive people of their liberty. However, they had not notified us when these had been granted.

People were supported to access healthcare services. However, records were not well maintained and staff had not consistently recorded monitoring information about people's health, or escalated when people's information changed.

Care plans contained information about people's preferences and goals.

People were supported to attend a range of activities and other services. We saw staff from the home liaised with other services supporting people.

People were supported to be involved in choosing the menu and records showed they were supported to eat a balanced and varied diet.

People had developed positive relationships with staff who were knowledgeable about people's emotional needs and communication. People were supported to maintain their dignity. People were supported to practice their religious faith if they wished to do so.

The provider had not followed our recommendation about supporting people to plan for the end of their lives. Care plans had not consistently been updated to reflect changes in people's needs.

There was a clear policy regarding complaints and people were given the opportunity to raise complaints in meetings.

The service completed health and safety checks to monitor the service. However, these were not consistently completed. The registered manager had introduced audits in March 2018, but the provider was not completing any checks on the work of the registered manager. This meant issues with the quality and safety of the service were not identified or addressed ahead of the inspection. There were no plans in place to improve the service.

People and staff appeared relaxed with the registered manager, who they could approach easily. They told us the registered manager had introduced changes since our last inspection. The registered manager attended local networking events to stay up to date with best practice.

We found breaches of two regulations regarding notifications of incidents and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for the service is Requires Improvement. This is the second consecutive time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider had to update risk assessments during the inspection to ensure they contained clear information about how to mitigate risks.

The provider had updated medicines information during the inspection as not everyone had clear medicines plans in place. Records showed people were supported to take medicines as prescribed.

Bathroom equipment was not maintained in a way that ensured people were protected by the effective prevention and control of infection.

There were enough staff working in the service who had been recruited in a safe way.

People were protected from abuse and avoidable harm.

Requires Improvement 

Is the service effective?

The service was not always effective. The service was working within the principle of the Mental Capacity Act 2005 but had not informed us when people had been deprived of their liberty.

Information about people's healthcare needs was not always easy to find and staff were not always monitoring people's health in line with their care plans.

People's care plans included information about their goals and how to support them to achieve them.

Staff received the training and support they needed to perform their roles.

People were supported to eat a varied and balanced diet.

The home was adapted for people's needs.

Requires Improvement 

Is the service caring?

The service was caring. People and staff had developed strong

Good 

relationships and we saw staff responded to people's emotional needs.

People were supported to maintain their relationships with friends and family.

People were given privacy and were treated with dignity and respect.

Is the service responsive?

The service was not always responsive. The service had not followed our recommendation about end of life care. People had not been supported to think about their end of life wishes.

Care plans were reviewed regularly but were not always up to date or complete.

People were supported with a range of activities that reflected their preferences.

There was a clear policy in place to handle complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Systems had not operated effectively to identify and address issues with the quality and safety of the service.

There were no plans in place to develop and improve the service.

People and staff spoke highly of the registered manager.

The service had person-centred values and attended local networks to stay up to date with best practice in the area.

Requires Improvement ●

Beechwood Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 June 2018 and was announced. The provider was given a few days' notice as the location is a small care home and people are often out during the day. We needed to be sure people would be in. The inspection was completed by one inspector.

Before the inspection we reviewed information we had about the provider, including previous inspection reports and notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it. We used information the provider sent us in the Provider Information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met and spent time with two of the four people who lived in the home. People had different ways of communicating so it was not always possible to ask them direct questions about the service they received. We observed interactions between staff and people using the service to see if the way staff communicated and supported people had a positive effect on their well-being.

We also spoke with two care staff, the registered manager and the proprietor. The registered manager sent us additional information we had requested after the inspection.

We looked at two people's care plans and other documents relating to their care including risk assessments, medicines record and health information. We looked at staff records including recruitment, training and

supervision records. We also looked at other records held in the home including meeting minutes, health and safety checks and quality monitoring reports.

Is the service safe?

Our findings

At our last inspection in July 2017 we found staff had not been recruited in a way that ensured they were suitable to work in a care setting. We reviewed the recruitment records of three staff who had been recruited to the service since our last inspection and found action had been taken to ensure robust recruitment processes were followed.

Records showed staff completed application forms and were interviewed by two members of staff who assessed their responses. When they were available, a person who lived in the home was also involved in interviewing staff. The service completed checks on applicant's right to work and collected references from previous employers to ensure they were of a suitable character. We noted that the registered manager had supplied a reference for one of the member of staff, as they had managed them at a previous employer. The registered manager explained that the previous employer was uncooperative and would not supply references for departing members of staff, and she was confident to vouch for this staff member's character. The registered manager acknowledged this should have been captured as a character reference rather than an employer's reference.

Staff told us, and records confirmed there were a minimum of two staff on duty during the day, with additional staff on duty if people needed support to attend appointments or activities. People told us there were enough staff and they didn't have to wait to be supported.

In July 2017 we identified that people were not always receiving their medicines in line with the prescription instructions and that care files contained conflicting information about people's medicines. Although the issues relating to following prescription instructions had been addressed, other issues with medicines information were found during this inspection.

One person's care file did not contain any information about the purpose, side effects or support required by the person to take their medicines. There were no guidelines for staff about when to offer and administer medicines prescribed on a 'take as needed' basis. The registered manager acknowledged this information was missing from the file. They said, "I haven't got one [medicines care plan] because it was for medical appointments only. [Person] hasn't got one, sorry. I'll have to go and do that."

Other people's care files contained information about how to support them to take their medicines. After the inspection the registered manager sent us information sheets about the purpose and potential side effects of this person's medicines. However, there was still no information about the actual support they needed to take their medicines as prescribed.

We recommend the service seeks and follows best practice guidance from a reputable source about writing medicines care plans.

The medicine administration records showed people took their medicines as prescribed. We checked the stocks of medicines in the home and found these matched the audits completed by the registered manager.

This meant despite the inconsistencies in information about people's medicines they were being supported to take medicines as prescribed.

Staff described the measures they took to ensure people were protected from the risk of abuse. Staff feedback reflected the contents of risk assessments which described how staff should monitor people for changes in behaviour that may indicate concerns, and how to report changes that may indicate abuse such as bruises. There were systems in place to protect people from the risk of financial abuse where staff handled money on their behalf. We saw money was checked daily and spending was accounted for by two members of staff. We checked the amount of money held by the service and found it matched the records.

Records showed the registered manager had taken prompt and effective action when an allegation of abuse had been made. The registered manager had taken immediate action to prevent further allegations and had referred the matter to the safeguarding authority. They had completed a robust investigation and taken appropriate action which ensured people were safeguarded from future abuse.

Care files contained a range of risk assessments which informed staff of the risks people faced in their day to day lives and the actions they should take to mitigate them. These included guidance in relation to communication and behaviours which could put people or others at risk of harm where appropriate. We observed staff supporting one person to use equipment to help them mobilise. They did this in a safe way, following recommended guidance. However, the person's risk assessment did not include details of the moving and handling or pressure relieving equipment that was in place. The registered manager told us, and records confirmed, the equipment had been delivered shortly after the risk assessments had been written. They took immediate action to update the risk assessment to include guidance on the use of the equipment in place.

During the inspection we saw the home was clean and there were no malodours. Staff had access to appropriate personal protective equipment. We saw a list of cleaning tasks was included on the daily duties for staff, who signed to indicate cleaning had been completed. However, we noted there were shelving units in the bathrooms which were badly corroded. This meant they posed an infection control risk as they could not be properly cleaned. In addition, we noted the grouting and tiles in one of the bathrooms was in need of deep cleaning and repair as it was stained. In another bathroom there were a number of holes in the tiling which were left from previous mobility aids. These holes had not been filled which meant it was not possible to clean the tiles effectively.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring effective infection prevention and control in small residential settings.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had made appropriate applications for people to be deprived of their liberty. Where there had been delays in granting the authorisations we saw the registered manager had followed up with the local authorities. However, we also found that one person's DoLS had been authorised in May 2017 but we had not been notified of this. Providers are required by law to notify us when authorisations are granted.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Care files contained clear information about the type of decisions people could make by themselves and the support they needed to make other decisions. For example, it was captured that one person could choose between two sets of clothing, but could not consistently pick clothing that was appropriate for the weather. Records showed the service liaised with appropriate professionals including people's appointed advocates when complex decisions were being made.

In July 2017 we made a recommendation about ensuring people were supported with their healthcare needs. This was because health action plans were out of date and had not been updated to reflect changes in people's health care needs. The provider had taken some action to follow this recommendation, but health information was not always clear.

The service maintained a separate health folder for each person who lived in the home. This recognised that adults with learning disabilities frequently live with multiple long term and complex healthcare needs. The health records showed close working with other healthcare professionals, including working with the local specialist learning disability nurses to complete de-sensitisation work to facilitate health interventions and escalation of health concerns to medical professionals.

However, the health files of one person had not been kept in order and there was no structure to how the file was organised. For example, records regarding this person's health were out of order, with information from 2018 mixed with information from 2009 and then from 2013. This meant it was difficult to find the most relevant and current information about this person's health as the file was not organised in a coherent way.

The registered manager told us the file had previously been organised, but from their review it appeared as though the folder had been dropped and papers returned to the folder without due attention being paid.

Despite the lack of clear order to the file, staff were knowledgeable about people's health conditions and records of appointments showed they supported people to access healthcare services. Staff worked closely with the GP as some people living in the home found accessing healthcare services a frightening experience which made them reluctant to attend health appointments.

Staff monitored people's health and physical presentation to ensure they were able to identify and escalate issues with people's healthcare. Each person's care file stated they should be weighed each month to ensure they were a healthy weight. Records showed this had not been completed as planned. One person had not been weighed since February 2018 and prior to that in August 2017. The records showed they had lost approximately seven kilogrammes without any explanation. Another person's care plan referred to encouraging a healthy diet, but did not specifically refer to the need to follow a weight-loss diet. The monthly weight for this person had last been completed in April 2018 and showed the person had lost eight pounds in the previous month, and three and a half stone in total between September 2017 and April 2018. Both of the people were currently a healthy weight despite significant weight loss. This significant weight loss had not been planned and although the registered manager told us it had been discussed with healthcare professionals this was not captured in the records of appointments. The lack of clarity in the records meant there was a risk that people's healthcare needs were not consistently identified and escalated.

The people who lived in the home had done so for a long time, and no new people had moved in. This meant we were not able to review the processes for assessing people's needs for initial care plans. However, we saw that the home completed annual needs assessments to ensure the service remained suitable to meet their needs. These assessments led to the creation of support plans for each person. These were person centred in their approach, and included information on how to support people with things that were important to them. For example, one person's plan emphasised the importance of their independence and described how staff should encourage and support this.

Needs assessments and care plans considered people's sexual and gender identity and the support they needed to ensure they were able to express their sexuality in a safe and appropriate way. For example, one person's plan identified they showed an interest in the opposite gender, but did not have capacity to engage in sexual relationships and so staff needed to ensure they were protected from the risk of exploitation by others.

When staff joined the service records confirmed they completed a comprehensive induction. They spent time familiarising themselves with the policies in operation, as well as getting to know people and spending time reading their files. Staff told us and records confirmed they received supervision from the registered manager every three months. Supervision records showed staff discussed the people they supported, training, teamwork and were reminded how to raise concerns about any issues they may encounter at work. Staff completed training courses relevant to their roles, including specific training required to ensure they could meet the needs of people living in the home. For example, staff received training in epilepsy to ensure they could meet the needs of people in the home who were diagnosed with epilepsy. Likewise staff completed training in autism and learning disabilities to ensure they had the knowledge and skills required to meet people's needs.

We saw people were asked what they wanted to eat for their lunch, and staff prepared meals of people's choosing during the inspection. Care files contained clear information about people's dietary preferences

and the support they needed to eat their meals. For example, one person could eat independently as long as they used adaptive cutlery and their food was prepared into bite-sized pieces. House meeting records showed people were asked to contribute to menu planning. Records showed people were supported to eat a range of healthy, balanced meals reflecting the preferences captured in their care plans.

Some of the people living in the home also attended a range of day services and community centres for activities. The contact information for these services was available to all the staff working in the service. During the inspection we saw staff from the different services communicated with each other effectively by telephone. For example, a day service contacted the home to feedback on one person's presentation during the day. In addition, important information from the different services was captured in the home's communication book to ensure it was shared with all staff. For example, when one of the day services was having party this was clearly captured to ensure people were supported to prepare for it.

The home was an adapted terraced house. Where people required specialist equipment to ensure their needs were met, the provider had made adaptations. For example, one person had an en-suite wet room as they were not able to access the bath. Records showed staff had requested another person have an en-suite fitted as there had been a number of incidents where they had disturbed other people during the night. We saw people's bedrooms were personalised with personal pictures, artwork and photographs on display. We noted that it was possible to override the window restrictors in people's bedrooms on the first and second floor. Staff had not known this was possible and the nature of people's needs meant there was a very low risk they would have been able to both operate the over-ride facility and put themselves at risk of falling from height. We asked the provider to submit a risk assessment and provide information about how they would ensure window restrictors were not over-ridden.

Is the service caring?

Our findings

People told us they liked the staff and we saw positive interactions between people who lived in the home and the staff supporting them. Staff demonstrated they knew and understood people's communication and behaviours in detail. For example, the day of the inspection was very hot, and one person found it difficult to link their behaviour of shutting windows with the increased temperature in the room. Staff spent time explaining the links to the person and gently persuaded them to leave the windows open. The person's affection for the staff supporting them was shown as they picked flowers from the garden and gave them to staff.

Care plans contained detailed information about people's communication to ensure staff could identify and appropriately support people as they expressed their emotions. One person who did not use speech to communicate had a detailed communications passport which included clear descriptions of their movements, gestures and vocalisations with their usual meanings and best way of responding. This ensured staff had information about people's emotional needs so they could respond appropriately.

During the inspection we saw staff were alert to people's presentation. For example, one person had gone upstairs and staff were alert to the change in behaviour and rapidly provided support needed to this person.

Care files contained information about people's important relationships and the support they needed to maintain them. One person's file showed how the service was facilitating increased contact between them and their family who had previously been estranged from them. Where people did not have family members, we saw their relationships with friends from other services they used were valued. For example, one person's file referred to the important relationships with friends from their day service.

Staff and people told us people were given privacy when they wished. We saw one person would choose to spend time alone and was supported to go to their room upon their request. Care plans contained clear information about how to promote people's privacy. In addition, where people did not always understand how to protect their own dignity, there were instructions for staff to ensure that they took action to protect people's dignity if their behaviour put it at risk.

Records showed people were asked about their religious beliefs. Where people had expressed a wish to practice their faith this was captured in their care plan. Records showed people were supported to attend their place of worship where they wished to.

Is the service responsive?

Our findings

When we inspected the service in July 2017 we made a recommendation about end of life care planning. The service had not followed this recommendation. In July 2017 we had expressed our concern that one person's care file contained a statement of funeral plan wishes signed by a relative who had died several years previously. Despite our recommendation this document was still in the file and there were no records to indicate end of life wishes had been explored with the person or their circle of support.

Another person's file contained no information about their views about end of life care at all. The registered manager sent us a copy of the provider's end of life policy. This referred to ensuring good practice guidance was followed and liaising with other relevant services to ensure when people were identified as being at the last stages of their life they received the care and support they needed. However, there was no guidance about ensuring information about people's wishes was collected before they received a terminal diagnosis. This meant there was a risk that people's end of life wishes were not captured in a timely and appropriate manner.

Staff maintained daily notes of the care and support they provided to people. These showed that people were supported with care tasks and to engage with activities as described in their care plan. The home operated a key working system where a named member of staff led on reviewing and updating each person's care records. Records showed keyworkers completed monthly monitoring forms to check that care files were up to date and people had been supported to attend activities and health appointments as planned.

Despite regular reviews we found care plans were not always complete or up to date. For example, we found a form within one care file which related to a specific care task. Staff described in detail how they did this in a personalised and safe way. However, there was no information about supporting the person to complete this task within their care file. Another person's care plan had not been updated to reflect equipment they now used. The registered manager completed updates to the care plans during the inspection and submitted them to us. This meant there had been a risk that new, or temporary staff did not have complete information about how to meet people's needs in a personalised way.

In conversation staff were able to describe the support they provided and people's preferences in detail. We saw staff responded to people promptly and communicated with people in a way that met their needs. For example, one person could become very anxious around visitors and staff took care to ensure they were comfortable with the inspection process and prepared for the visit. They ensured the person was engaged with activities during the day to alleviate any stress they may have experienced.

The home held regular meetings for people who lived in the home. People had made suggestions for different activities and planned their holidays through these meetings. In addition, the meetings gave people the opportunity to provide feedback on their experience or make complaints if they wished to. No one had made any complaints since our last inspection. The provider had a complaints policy which had details of how to make complaints, the expected timescale for response and how to escalate concerns if

people were not happy with how they were resolved.

Is the service well-led?

Our findings

At our last inspection in July 2017 we had identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance systems had not identified or addressed issues with the quality and safety of the service. Although the provider had appointed a registered manager to support them to address these issues, this had not been wholly effective and issues remained.

In July 2017 the service had stopped completing checks on the water temperatures as the record book had been lost. We found while other health and safety checks, including fire evacuations, and equipment testing were being completed, water temperature testing was still not being completed as required. The water temperatures were meant to be checked weekly, but had not been checked for three weeks ahead of the inspection. In addition, it was not clear which water outlets were being checked as the records referred only to the room where taps were located rather than which tap. The registered manager told us these were sink tap temperatures. They told us they did not check the temperature of showers. This meant they could not be assured that shower temperatures were in a safe range and people were not consistently protected from the risk of scolding by hot water temperatures.

The local authority had visited the service in March 2018 and their report identified weaknesses in the systems for auditing the quality and safety of the service. This report reflected the findings of our previous inspection from July 2017. The local authority had put in place an action plan which required the registered manager to update files and the provider to complete quarterly audits of the service.

Records showed the registered manager had introduced an audit of staff files, care records, health and safety checks, finances, and medicines which they had completed twice since the local authority's visit. Although the provider had signed these audits, there was no record they had completed their own audit of the quality and safety of the service. The registered manager wrote and updated care plans, and completed recruitment of new staff. Their audits were therefore checks of the work they had completed themselves. The failure of the provider to complete independent audits meant issues with the completeness of care plans, risk assessments and organisation of files had not been identified or addressed ahead of our inspection.

The provider had not amended the feedback system of questionnaires since our last inspection. This was despite the fact that we identified that staff may not feel comfortable providing frank feedback in a survey which was not anonymous. Staff had completed the same survey this year, but again had to provide their names which may have limited their willingness to be open. As with previous year's surveys there was no record that the feedback collected had been analysed or used to inform any plans to develop the service. We asked the registered manager to send us a copy of any plans in place to develop and improve the service. They submitted an action plan which was an emergency response plan, rather than a development plan for the future of the service.

The above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We saw people were relaxed in the presence of the registered manager and they provided care to people as well as managing the service. Staff told us the registered manager was approachable and took a "hands on" approach. One member of staff said, "She's made changes. It's better than before. More organised and about the people."

People and professionals were positive about the quality of the service in their feedback questionnaires. One external professional said, "They ensure I am kept well informed and immediately adopted my recommendations." They were confident the staff utilised their feedback and worked to achieve positive outcomes for people.

The registered manager attended a local registered manager's network facilitated by skills for care. They told us they valued this network as it gave them the opportunity to stay up to date with best practice. They also told us they found it valuable to spend time with other providers so they could collectively raise issues that affected the local area.

The provider had a clear vision and values document which focussed on ensuring that people with learning disabilities were central to the work of the home. Although the provider's statement of purpose required updating as it included out of date information about the staff team, it described a positive approach to supporting adults with learning disabilities based on person centred principles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not notified us when Deprivation of Liberty Safeguards had been authorised. Regulation 18(4A).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not operated effectively to monitor and improve the quality of the service. Regulation 17(1)(2)(a)(b)